

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G492		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2011	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 47TH STREET JASPER, IN47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/13/11</p> <p>Facility Number: 001006 Provider Number: 15G492 AIM Number: 100235270</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Alternatives SW IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) 2000 Edition, Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridor, common</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>living areas, and client sleeping rooms. The facility has a capacity of eight and had a census of eight at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.24.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/15/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS152	<p>The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on 1 of 3 shifts during 2 of 4 quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire and Disaster Drills book on 09/13/11 at 9:15</p>			KS152	<p>The Operations Manager SGL will develop and implement a process for evaluating all emergency drills under varied conditions. The drills will be completed by the Program Coordinator with input from the home staff. The drills will be kept on file in the home and a copy in the Quality Assurance Office. This will ensure the safety of all the clients in the facility. The Operations Manager SGL will periodically review the home files to ensure the drills and evaluations are completed. To meet the requirements of the</p>		10/04/2011

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	a.m. with the Home Manager present, the facility did have thirteen documented fire drills since July of 2010, however, there were no documented fire drills conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2010, and the second quarter (April, May, and June) of 2011. This was confirmed by the Home Manager at the time of record review.				NFPA Life Safety Code.		